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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

JOHN W. MCGETTIGAN, JR., M.D.

Holder of License No. **12606**For the Practice of Allopathic Medicine In the State of Arizona.

Board Case No. MD-04-0666A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

(Letter of Reprimand & Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on June 10, 2005. John W. McGettigan, Jr., M.D., ("Respondent") appeared before the Board without legal counsel for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following findings of fact, conclusions of law and order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of License No. 12606 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-04-0666A after receiving a complaint from a forty-seven year-old male patient ("RSC") that he had been mislead by false advertising published by Respondent's clinic; that he had been charged for services not rendered; that he was provided Viagra samples even though he explained it had not been effective for him; he had been dispensed Viagra without Respondent performing a complete examination.
- 4. According to RSC he believed after seeing a television advertisement that there was no charge to participate in a clinical study being conducted by Respondent and

he could get some tests done and he could be examined without charge. RSC then called Respondent's receptionist who asked him some questions and he thought he was a candidate on the basis of those questions and they scheduled an appointment for him. RSC indicates he went to Respondent's office thinking he was going to be in a Cialis study and that the advertisement said the medical examination, ECG, lab work, investigational study medications and compensation for travel was included. Also, RSC was told that, as a Hispanic male, he qualified for the study, but when he saw Respondent he was told the study was filled and that Respondent was going to be starting a study on Levitra that RSC could be considered for.

- 5. Respondent testified he started his clinic to treat men with erectile dysfunction ("ED"). Respondent also brought on a physician assistant who had been involved in such a clinic. Respondent testified he started to advertise and had men coming to the clinic at the time when Viagra was just coming on the market. Respondent was asked to explain the training he had in dealing with ED. Respondent testified he went to whatever conferences he could that were put on mostly by pharmaceutical companies, took a number of continuing medical education courses, went and spoke to a number of urologists and cardiologists who were treating this problem, and went to talks given by other general practitioners.
- 6. The Board referred Respondent to RSC's medical records, specifically the history and physical, and was asked if he had anything else dictated or any other examination or any other history or any other records. Respondent noted he had the forms RSC filled out himself, which was basically a demographic sheet, a little bit about his history, medical problems, medications he was on, and consents to treat, etc. Respondent was asked if his physical examination was totally contained on the history and physical form or if there was anything else in his physical examination, either dictated

or on some other sheet. Respondent testified there was not any additional documentation of the physical examination. The Board noted that in reviewing the history there was some past medical history, the usual social history, no review of systems, and no drug allergies.

- 7. The Board noted Respondent apparently performed a history and physical and coded it as a 99204. Respondent was asked what standards had to be met before code 99204 could be charged. Respondent testified he typically spends a half hour to 45 minutes with each gentleman going over the history and he codes based on time spent with the patient. The Board noted that code 99204 requires a comprehensive history, comprehensive physical examination, and medical decision making of moderate complexity.
- 8. Respondent was asked if he could tell the Board about the prostate cancer surgery RSC had. Respondent said he could not. Respondent was asked what the most likely reason was for ED in a patient who has had prostate surgery. Respondent testified it could be nerves, but he could not identify them for the Board. Respondent was asked if it would have been important to talk to RSC's urologist to see if the nerves, the cavernous nerves, were damaged and to see what the expectations were or why RSC failed with the previous Viagra treatment. Respondent testified it may have. Respondent noted most of the men he has treated have been on very short course Viagra treatment and most people who have treated ED would say that is not adequate treatment.
- 9. Respondent was asked if he believed RSC was mislead by the advertisement in that he thought he was getting into the Cialis program for no cost and ended up being charged \$99.00 for an examination and did not get Cialis. Respondent testified RSC obviously felt misled and if he had known RSC's expectations at the time, he would not have charged him. Respondent noted he did not know about RSC's

dissatisfaction until RSC filed the complaint. The Board noted it was trying to figure out Respondent's role as a physician. RSC had a urologist, had prostatic cancer, had a primary care physician and yet Respondent did not feel he needed to talk to either of them. Respondent was asked what he was going to add to RSC's medical care – how could RSC benefit by seeing Respondent. Respondent testified he did not remember.

- 10. Respondent was asked if he had particular forms or information he gave out in advance of seeing patients so he would know which patients were coming to talk about a study versus maybe coming in for treatment separate from a study. Respondent testified he normally did, but in RSC's case he just did not recall. Respondent was asked if RSC would have been charged \$99.00 if he had qualified for the study. Respondent said RSC would not have, should not have. Respondent was asked if he saw a problem with the structure of his visits. Respondent testified RSC's circumstance was very unusual and this problem had not come up before. Respondent noted if RSC had said anything to him, he would not have charged him. Respondent testified he was not trying to defraud anybody and, since he has seen thousands of patients, if he was trying to defraud people the Board would certainly have gotten more complaints.
- 11. Respondent testified he normally would not even see a patient who did not qualify for the study or he would see the patient and briefly explain he did not qualify and the patient would leave (unless he wanted to be treated for something else). Respondent believes RSC wanted to be treated for something else and because of that, he was treated like a regular patient. Respondent was asked if it made sense that RSC said Viagra did not work for him, yet Respondent gave him Viagra. Respondent testified he normally would ask the patient what he meant by Viagra not working for him, but he does not remember what happened with RSC.

- Respondent testified it would depend and, if the facts as related earlier are correct, maybe by the time RSC presented Respondent was done enrolling for that study. Respondent testified he would not know what disqualified RSC because he never evaluated RSC for the study and treated him as a regular patient. Respondent testified he had no notes or recollection that RSC was ever interested in a study other than the note Respondent put on RSC's record to put him on the list for future ED studies. Respondent testified he had a number of studies on-going for other conditions, such as hypertension, diabetes, osteoarthritis, etc. Respondent testified that when he first saw the complaint he did not understand it. Respondent noted in the past when he has had a problem with a patient like this, they have just talked it out and if the patient was misled, Respondent would not charge the patient for the visit.
- 13. Respondent charged RSC a fee for services not rendered when he charged him under CPT code 99204, but did not take a comprehensive history, perform a comprehensive physical examination or exercise medical decision making of moderate complexity.
- 14. Respondent's advertisement that led RSC to present to him was deceptive or misleading.

CONCLUSIONS OF LAW

- The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

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3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(c)("[f]alse, fraudulent, deceptive or misleading advertising by a doctor of medicine or the doctor's staff, employer or representative;") and 32-1401(27)(u)("[c]harging a fee for services not rendered")

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED that

- Respondent is issued a Letter of Reprimand for deceptive or misleading 1. advertising and for charging a fee for services not rendered.
- 2. Respondent is placed on probation for two years with the following terms and conditions:
- Respondent shall obtain 20 hours of Board Staff pre-approved Category I a. Continuing Medical Education ("CME") in ethics and provide Board Staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for biennial renewal of medical license. The probation will terminate when Respondent supplies proof of course completion satisfactory to Board Staff.
- In the event Respondent should leave Arizona to reside or practice outside 3. the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

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RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-102. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 12 day of August, 2005.

THE ARIZONA MEDICAL BOARD

By L. Z. Mills

TIMOTHY C. MILLER, J.D. Executive Director

ORIGINAL of the foregoing filed this 12th day of <u>August</u>, 2005 with:

Arizona Medical Board 9545 East Doubletree Ranch Road Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by First Class Mail this 12th day of August 2005, to:

John W. McGettigan, Jr., M.D. Address of Record

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